

DANIEL P. MAGUIRE
ATTORNEY AT LAW



COPY OF PAPERS
ORIGINALLY FILED

2876

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February 28, 2002

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Assistant Commissioner for Patents
United States Patent and Trademark Office
Washington D.C. 20231

Re: U.S. Application No.: 09/674,714
Titled: Unit Comprising a Card Read/Write Device
National Filing Date: 12/19/2000
Art Unit: 2876
Inventor: Bjarke De Jaeger Gotfredsen

Dear Sir or Madam:

Please accept the following for filing in reference to the above-identified application:

- Preliminary Amendment;
- Fee Transmittal (original plus copy), plus check for \$710.00, and
- Return Receipt Postcard.

Thank you, and please do not hesitate to contact me with any questions.

Sincerely,

Daniel P. Maguire

Daniel P. Maguire
(Reg. No. 41,506)

Enclosures

cc: Client

Certification under 37 § C.F.R. § 1.8

I hereby certify that this transmittal letter and all the documents referred to as enclosed therein are being transmitted by U.S. mail to Assistant Commissioner for Patents, United States Patent and Trademark Office, Washington D.C. 20231, on February 28, 2002.

Daniel P. Maguire
Daniel P. Maguire



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PTO/SB/17 (10-01)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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| | | | |
|---|--|--------------------------|------------------------------|
| FEE TRANSMITTAL for FY 2002 <i>Patent fees are subject to annual revision.</i> | | Complete if Known | |
| | | Application Number | 09/674,714 |
| | | Filing Date | 12/19/2000 |
| | | First Named Inventor | Bjarke De Jaeger Gottfredsen |
| | | Examiner Name | |
| | | Group Art Unit | 2876 |
| TOTAL AMOUNT OF PAYMENT (\$) | | 710.00 | |
| | | Attorney Docket No. | Scard -card reader |

| | |
|--|--|
| METHOD OF PAYMENT | |
| 1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to: Deposit Account Number <input type="text"/> Deposit Account Name <input type="text"/> <input type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | |
| 2. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other | |

| | |
|-------------------------------|-------------------------------|
| FEE CALCULATION | |
| 1. BASIC FILING FEE | |
| Large Entity Fee Code (\$) | Small Entity Fee Code (\$) |
| 101 740 | 201 370 |
| 106 330 | 206 165 |
| 107 510 | 207 255 |
| 108 740 | 208 370 |
| 114 160 | 214 80 |
| SUBTOTAL (1) (\$) | |

| | |
|--------------------------------------|----|
| 2. EXTRA CLAIM FEES | |
| Total Claims | 60 |
| Independent Claims | 8 |
| Multiple Dependent | |
| Extra Claims Fee from below Fee Paid | |
| 20** = 40 x 9.00 = 360.00 | |
| 3** = 5 x 42.00 = 210.00 | |
| 40.00 = 140.00 | |
| SUBTOTAL (2) (\$) | |
| 710.00 | |

| | |
|------------------------------------|-------------------------------|
| FEE CALCULATION (continued) | |
| 3. ADDITIONAL FEES | |
| Large Entity Fee Code (\$) | Small Entity Fee Code (\$) |
| 105 130 | 205 65 |
| 127 50 | 227 25 |
| 139 130 | 139 130 |
| 147 2,520 | 147 2,520 |
| 112 920* | 112 920* |
| 113 1,840* | 113 1,840* |
| 115 110 | 215 55 |
| 116 400 | 216 200 |
| 117 920 | 217 460 |
| 118 1,440 | 218 720 |
| 128 1,960 | 228 980 |
| 119 320 | 219 160 |
| 120 320 | 220 160 |
| 121 280 | 221 140 |
| 138 1,510 | 138 1,510 |
| 140 110 | 240 55 |
| 141 1,280 | 241 640 |
| 142 1,280 | 242 640 |
| 143 460 | 243 230 |
| 144 620 | 244 310 |
| 122 130 | 122 130 |
| 123 50 | 123 50 |
| 126 180 | 126 180 |
| 581 40 | 581 40 |
| 146 740 | 246 370 |
| 149 740 | 249 370 |
| 179 740 | 279 370 |
| 169 900 | 169 900 |
| SUBTOTAL (3) (\$) | |

| | | | |
|---------------------|--------------------|-----------------------------------|----------------|
| SUBMITTED BY | | Complete (if applicable) | |
| Name (Print/Type) | Daniel P. Maguire | Registration No. (Attorney/Agent) | 41,506 |
| Signature | <i>Dan Maguire</i> | Telephone | (530) 750-3661 |
| | | Date | 02/28/2002 |

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Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

